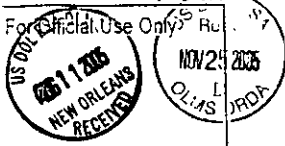


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0186
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13352</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
Name and address of person filing: Name <u>BOBBIE J CRAWLEY</u> P.O. Box, Bldg., Room No., if any <u>NONE</u> Street <u>9451 HALL ROAD</u> City <u>GRAND BAY</u> State <u>AL</u> ZIP Code + 4 <u>36541</u>	4. Name, file number, and address of labor organization: Name <u>METAL TRADERS COUNCIL</u> Labor Organization File Number <u>D38-018</u> P.O. Box, Building and Room Number, if any <u>PO BOX 1412</u> Street <u>805 INGRAMS AVENUE</u> City <u>PASCAGOULA</u> State <u>MS</u> ZIP Code + 4 <u>39561-1412</u>
5. Position in labor organization. <u>NONE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
5. Name and address of Employer (including trade name, if any). Name <u>LIFE INSURANCE COMPANY OF AL</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>PO BOX 349</u> Street <u>302 BROAD STREET</u> City <u>GADSDEN</u> State <u>ALABAMA</u> ZIP Code + 4 <u>35902</u>	7.a. Nature of Interest, Transaction, or Income. <u>SEE ATTACHMENT # 1</u> 7.b. Amount. <u>5066.22</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Bobbie J. Crawley

On 08/05/05
Date

228-769-2956
Telephone Number

1. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name PASCAGOULA METAL TRADES COUNCILTrade Name, if any: P.O. Box, Bldg., Room No., if any PO BOX 1412Street 804 INGALLS AVENUECity PASCAGOULAState MS ZIP Code + 4 39568

14.a. Nature of payment.

SEE ATTACHMENT # 213.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

2376.00

Attachment 1
Line 7a

Form LM 30

Bobbie J Crawley

Period Ending Date - December 31, 2004

Mrs Crawley is an insurance agent for the Life Insurance Company of Alabama.
The company provides dental insurance coverage.

The Pascagoula Metal Trades Council agreed to allow her company to cover
Union employees for which she received a commission of ~~10%~~ **(13%)** of the premium
amount collected.

**For the year ending 12-31-04 the total amount received by Bobbie Crawley as
a commission from insurance sales to union members was \$5,066.22.**

Attachment 2
Line 14a

Form LM309

Bobbie J Crawley

Period Ending Date - December 31, 2004

Bobbie J Crawley received payroll checks for the year 2004. The **gross amount of income earned was \$2,376.00**. These earning were paid for clerical and janitorial duties performed at the office of the Pascagoula Metal Trades Council located at 805 Ingalls Avenue, Pascagoula, Ms.